

DISFLUENCIES IN THE SPONTANEOUS SPEECH OF NORMALLY DEVELOPED AND SLI CHILDREN

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Introduction

Spontaneous speech is characterized by several phonetic processes like co-articulation, the variability of the phonetic form of words, and by various types of disfluency phenomena. Disfluency is the result of an error occurring at some level of speech planning. Children with relatively weak language skills often demonstrate higher levels of disfluency, however, the literature on this topic shows conflicting findings with respect to the relationship between language impairment and disfluency. This study analyses whether children with long-standing histories of language impairment are more disfluent, and display different or a wider range of disfluencies than age-matched peers who exhibit typical development. Our hypothesis was that Hungarian-speaking speech-impaired children of the tested age would show more types of and more frequent disfluencies due to the rich morphology of Hungarian.

Methods and Results

The types and the frequency of unplanned interruptions of spontaneous speech within two groups of preschool children were analysed. Diagnosed speech- and language-impaired children (SLI) participated in one of the groups while normally developed children made up the second (control) group. Spontaneous speech was recorded for all subjects under the same conditions. Their recorded and digitalized speech was analyzed in acoustic-phonetic, phonological and grammatical terms focusing on fluency.

On average, normally developed children's utterances were longer, relatively more fluent, contained more lexemes and were syntactically more complex (i.e. followed the rules of the Hungarian language more closely) than those of the SLI children as expected. Analysis of the SLI children's spontaneous speech showed huge differences in terms of fluency, morphological and syntactic forms, complexity, number of lexemes used and in particular in the types and frequency of disfluencies which differed significantly between the two groups.

Discussion

These findings enable a hypothesis to be formulated explaining the differences in speech disfluencies between normally developed and SLI children, and speech planning and production processes of preschool children can be evaluated depending on existing speech and language disorders. Our results provide evidence of the different speaking strategies of the tested children. Implications for clinical intervention and future research will be discussed.

References

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